SERIAL NO. NO (016, 813 APPLICANT(S) FILING DATE **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. IND. DEP. DEP. 4 78 79 80 81 82 83 86 87 88 89 90 92 93 94 95 96 97 98 99 100 TOTAL IND. TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

APPLICANT(S)

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